

**Michigan Department of Community Health
WIC Division**

WIC VENDOR COMPLAINT PROTOCOL

When receiving a complaint about a WIC vendor, please obtain as much detailed information as possible using the WIC Vendor Complaint Form. Be sure to including the following information:

1. Nature of the complaint
2. Complainant Name
3. Complainant Phone Number
4. WIC Vendor Name
5. Vendor Address or Approximate Location
6. Approximate Date Occurred
7. Approximate Time Occurred
8. Person Talked to at Store
9. Does the Client have the Receipt

Forward the information to the WIC Vendor Compliance Coordinator:

LOREN HAUGHN at 517-335-8935

Or: e-mail Luane at HaughnL@michigan.gov

Or : Fax # 517-335-9514

SUSPECTED WIC VENDOR FRAUD & ABUSE PROTOCOL

When reporting suspected vendor fraud or abuse, please provide as much detailed information as possible, including the following:

1. Nature of the suspected fraud or abuse
2. WIC Vendor Name
3. Vendor Address or Approximate Location
4. Approximate Date Occurred
5. Approximate Time Occurred
6. Witnesses

Report this information to 1-800-CALL-WIC or contact Loren Haughn above.